HEARING THREE
COMMISSION ON SAFETY AND ABUSE
IN AMERICA'S PRISONS

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PLACE: Washington University School of Law
        Anheuser-Busch Hall, Room 310
        St. Louis, Missouri 63130

ACA Standards and Accreditation
Pages 335-404
MR. BRIGHT: Good morning again, everyone.

Our final panel here this morning is going to talk about accreditation, and particularly accreditation by the American Correctional Association. We have four panelists, Jeff Washington, Evelyn Ridley-Turner, Brian Dawe, and Michael Hamden who have joined us.

Let me just say a word about the subject and then a word more about the members of the panel.

These standards have been promulgated, as I said, by the American Correctional Association to get some kind of uniformity in the correctional institutions. The accreditation process is controversial. Not everybody is for it, but some people are, and that's one of the things we'll talk about today in terms of the value of it. But there's certainly a lot of correctional professionals who believe that it's been a very
valuable tool.

And what we want to ask our panel to talk about is their perceptions of the accreditation process from the point of view of correctional officers, from the point of view of management and prison rights advocates, which we have one of each on the panel here. And in addition, to talk about how the process can best be used to improve standards in a facility, and whether accreditation is effective or not, whether it brings about accountability, whether they're really met once somebody is certified. Are they -- do we continue to monitor them to see that they continue to live up to the standards that they were?

Jeff Washington is the Deputy Executive Director of the American Correctional Association, and he's on the ACA's Committee on Accreditation For Corrections.

Evelyn Ridley-Turner has been in the corrections business since 1974, and I think for the last five years has been a commissioner of corrections in Indiana.

Brian Dawe worked as a correctional officer for sixteen years, and he's now the director of Corrections USA.
And finally, Michael Hamden is executive director of the North Carolina Prisoner Legal Services, and he has also been on the board of the American Correctional Association's Commission on Accreditation since 1998, I believe.

Thank you very much. We're delighted to have you. You honor us with your presence. And Mr. Washington, if you could start, that would be great.

MR. WASHINGTON: Mr. Bright, thank you very much. Mr. Chair, the other commissioners, we thank you for having the opportunity to speak before you this morning. The task that you set forward is not a difficult task as it relates to discussing accreditation. But first, let me tell a little bit about the American Correctional Association.

The American Correctional Association was founded in 1870. The ACA has nearly 20,000 members and over eighty chapters and affiliates. ACA represents all facets of corrections, including federal, state, military correctional facilities, prisons, county jails, detention centers, probation and parole agencies, community corrections, halfway houses, correctional officers.

We take a holistic view of this entire
business of corrections. ACA also promotes public policies as they relate to corrections. ACA develops a standards with its Standards Committee and administers the accreditation process. Each commissioner has been given three documents from the association. And at your leisure, I hope that you take the opportunity to go through those documents. If you do that, you will see that there is ample information to give you a good picture of what the association does.

The first document I'd like you to refer to is the ACA folder. Within that folder you have copies of ACA's Public Correctional Resolutions and ACA's Public Correctional Policies. These resolutions and policies are voted on by ACA's membership. ACA's membership votes for a delegate assembly, the legislative body of the association, to tackle issues that the membership feel are important to the business of corrections.

Within these two documents you'll see where ACA has taken public stands on certain aspects of corrections that will inform you and give you a picture of what we stand for and how we support our correctional members.

The next document that you have is the
ACA's Standards Manual. This manual is the fourth edition of the adult correctional institution's standards. These are the standards that are used by adult prisons, state-operated facilities, facilities operated by the military, and facilities operated by the Federal Bureau of Prisons.

Within this document there are over 450 standards. Ten percent of those standards being mandatory standards that deal with life, health, and safety issues. And the others considered nonmandatory standards, those standards that still have to be complied with as an agency or program enters the accreditation process.

The other document that you have in front of you is a book called Measuring Excellence. And it's a history of corrections and standards and accreditation written by Paul W. Key. It was a book written a number of years ago, but it takes an outsider's look at the accreditation process, asks some of the questions you put forward here this morning, and answers some of those questions. It talks about the process not being a perfect process. It also talks about some improvements in the process to make the process more long lasting and more effective. Mr. Key took the opportunity to
review all the history of accreditation, accreditation as administered by the American Correctional Association began in 1974, with the first facilities being accredited. He took a look at those facilities that were accredited then. He took a look at those standards that were in effect at that time also. He pointed out very clearly that the standards that the American Correctional Association have had with -- the standards we have today are those standards which began as 36 principles in 1870 at the first meeting of our association. An opportunity for individuals to sit down and decide what was good correctional practice. And the way we operate and do business today, we feel that we've improved upon those original 36 principles of how to operate good correctional facilities. And we hope that in the future, with outside influence, with information from members who have the opportunity to suggest changes in standards and with a diverse members of our 28 member accreditation commission, we feel that this process can do more to make operating correctional facilities better, to make them safer, safer for staff, safer for the offenders, and safer for the public. Thank you.

MR. BRIGHT: Ms. Ridley-Turner.
MS. RIDLEY TURNER: Thank you. I want to thank the commission members for inviting me here today to talk about accreditation. Just one correction. I was commissioner in Indiana until January of this year. Left the office after 31 years in corrections.

I've been involved with accreditation throughout my career in corrections, and when Governor O'Bannon interviewed me before I was appointed commissioner, one of the things he wanted to know, what were my goals? What did I want to do with the Indiana Department of Corrections? And one of my goals -- it wasn't all of them -- was that I wanted to have agency-wide accreditation for the Indiana Department of Correction.

The governor probably, very like you, asked me why I felt accreditation was important? What would that do for our agency? And you know, I shared with him, and hopefully in my written materials and in talking with you today I can share with you why I felt it was important for our agency to be accredited.

I shared with the governor that I felt that while all our facilities had policies, we had procedures, we had operational standards for operating the facility, when you have 34 facilities in an
agency, that's quite large. Sometimes things get
misconstrued in the interpretation. And I shared with
him that I wanted to have a process so that we could
look internally, and that's part of the process. You
have mock audits. You look at what you're doing.

There's standards that you live up to, but
it's also a little beyond that. It was getting staff
involved to move toward a concerted effort and one
goal. I wanted our staff to believe that we were in
this together, that we were working to do things in
their best interests, and that accreditation was not
something that I on high was pushing down and
mandating that facilities had to do.

I was mandating that we had to be
accredited, but I was in the fray as well. I wanted
all our agencies -- that meant central office. That
meant I had to get my hands dirty. I had to go and
make sure we were living up to standards. The
standards were different for facilities.

I was responsible for juvenile and adult
facilities, and in looking at that it wasn't that we
weren't doing a lot of the things that standards set
out. As Jeff mentioned, there are life, health,
safety. It covers all areas of the operations of a
facility. But what was more important to me is that
you could go from facility to facility and everyone knew what everything meant. It was operational procedures. It was life, health, safety issues. We were all going by the same agenda.

When we -- when I left office, just to end there, we had all but two of our facilities accredited, and that included our central office, our training facility, as well as our industries facilities. What was involved with accreditation was more than just going by and complying to have the audit done and then everybody sit back and say we got through it. It's over.

What I wanted to do was to make this really part of our operation, and we got to the point that our policies were being prepared in compliance with the standards, and this was for the right reason. It was because it made sense to do it that way. Then everyone knew what the policy was. They knew what the ACA standard was, and we were moving to have all our internal audits that would be conducted in the off year of the three year accreditation and reaccreditation, we would go by those same standards because it made sense to go by those same standards. This wasn't a thing of make work. We didn't want people to feel that, as I said, this is
just a process you go through. You sit back and it's over. We wanted to live by the standards.

While we were going through some of the audits and getting through the process, I'm not going to leave you with the impression that everybody jumped up and said, oh boy, she's wonderful. We want to do this. It wasn't that way. I had a lot of naysayers, and even some of the naysayers were my own executive staff, some of the superintendents.

A lot of them felt like this was just something else to do, and if we leave her to her own devices, she'll be gone and then we can get back to business as usual. But I had a lot of converts in this as well. I'd go to the facilities and I'd meet with the staff and we'd talk about the importance of accreditation, and I had superintendents and other staff coming up and saying, you know, I thought we were doing this right, but the audit and what it pointed out was we thought we were on track, but we needed to do a little bit more.

So you know, when you're working in a facility, when you're doing operations 24/7, sometimes it gets to the point that you can't see the forest for the trees, and that was what I was finding out with some of our facilities. They did have procedures in
place, but I think what this does, it gives you a peer
review. It gives you the opportunity to work towards
a common goal. And I believe that, for me, that was
the purpose of accreditation and why I felt the value
in the Indiana Department of Corrections. Thank you.

MR. BRIGHT: Mr. Dawe.

MR. DAWE: Thank you. Good morning and
thank you. I'd like to thank the commission for this
opportunity. When I grew up my friends and I often
played cowboys and Indians, cops and robbers, soldier,
fireman, etc., the usual array of role playing that
children do. But no one I knew then or any
correctional officer I know now grew up locking their
friends in the basement and playing correctional
officers.

It's not a job you grow up aspiring to do.

A lot of that has to do with the perception held by
the public about corrections. My organization
believes we can change that by bringing down the
walls. We believe that by exposing corrections to the
light of day, that we can change that perception and
hopefully the future of corrections in a positive way.

I believe that accreditation can play a vital role of
promoting that transparency and changing that
perception.
As corrections is constituted today, line staff are often put in situations where failure is almost a certainty, and then they're blamed for that failure. As an example, when I worked I was the only officer in a housing unit with sixty inmates. One of our common, which is a small eight by ten room, was converted to hold six inmates in three bunk beds.

I would ask anybody on the commission or anybody in the public today to choose your five best friends to be placed in that situation and to see how long you are friends. The bottom bunk can become a life and death situation. That is a situation destined for failure, and that's what we have to work in. Accreditation can expose those situations and set standards to rectify them.

That ratio of sixty inmates to one officer I have worked under is more common than not. It underscores one of the most dangerous things in corrections today, that of staffing ratios. Nationally, that ratio is reported at 5.4 inmates per one security staff member. Anyone who has ever gone behind the walls knows how ridiculously misleading that ratio is.

The number of inmates are simply divided by the number of staff to establish that ratio. It's a
lie, and it's a dangerous one for all of us.

Accreditation can help to expose that. They can expose those ratios, and they can also help us establish mandatory staffing levels. Those are just two examples of where accreditation can help.

So what should the accreditation process look like? In order for an accreditational process to effectively address the issues that plague corrections, it must be fearless in its willingness to expose the problems it discovers, be transparent and open to public scrutiny, seek to raise standards whenever possible, monitor facilities that have been accredited, and must not be beholden to those facilities for its economic survival.

Corrections professionals promote an accreditation process that provides a mechanism by which we can measure the success of failure in our nation's prisons and jails. Evaluating our correctional facilities is a necessity if we are to establish standards that balance the need for humane treatment of those who are incarcerated for the safety of the public, the staff, the officers, and the inmates. I would propose an accreditation process that includes the following:

Number one, the standard by which a
facility will be evaluated must be known in advance.

Number two, the accreditation should be conducted using, but not be limited to, corrections professionals.

Number three, there should be no advanced notification as to when an accreditation will occur.

Number four, the accreditation team should have no familiarity with the administration of the facility it is evaluating.

Number five, there should be no financial link between the organization accrediting the facility and the facility itself.

Six, evaluations should be based on practical applications, not procedural ones.

Seven, the results of the accreditation process should be available to our elected officials and the public at large, redacting only that limited information that may compromise the safety and security of the facility or would violate statute.

Number nine, follow-up monitoring should be done with on-site visits. I'm sorry, that was number eight.

Number nine, recommendations to address concerns raised by the accreditation team should be a part of the evaluation and should include steps that
meet to establish those standards.

Number ten, and above all else, accreditation should be as transparent as possible.

Secrecy in corrections can be deadly. If best practices can be shared in a network nationwide, why should society be willing to accept anything less?

Over 95 percent of the individuals we incarcerate will be released back in our communities. We must do all we can to foster an environment that maintains public safety while providing opportunities for the inmates in our care to positively assimilate them back into society. With that I thank you once again, and would welcome any questions at the appropriate time.

MR. BRIGHT: Thank you. Mr. Hamden.

MR. HAMDEN: Good morning. Thank you for the opportunity to speak with you.

My name is Michael Hamden. For the last twenty years I've been employed by North Carolina Prisoner Legal Services first as a staff attorney, and for the last ten years as its director. I also have the privilege of co-chairing the American Bar Association's Corrections and Sentencing Committee and served as the ABA's liaison to the American Correctional Association.
Correctional Association I have the honor to serve on the Standards Committee, the group that promulgates standards, and on the Commission For Accreditation For Corrections.

I'm not the spokesman for any of these organizations. I'm here to share with you my experiences and observations to the extent those have a bearing on your work. ACA accreditation accomplishes some very important things. One thing that people should understand, that it is almost entirely a voluntary process. Almost everyone who's involved in ACA accreditation does so because they choose to set the highest standards for the operation of their facility and not because they're compelled to do so.

The process is collaborative and supportive. It focuses on efforts to improve the facility and to professionalize the people who work there. It has the effect of improving safety and standard of life for people who work in the facility and people who are confined there.

Finally, I'd just like to thank the commission for your work and for undertaking this very important project. I thank also the staff and especially the Vera Institute. Thanks very much and
be happy to address any questions you may have.

MR. BRIGHT: Thank you. If I could just ask the first question, since I sort of got the mike here, Mr. Washington, it was said here it's a voluntary process, right?

MR. WASHINGTON: Correct. It is, sir.

MR BRIGHT: No institution is required to do it unless you're a warden -- excuse me. Unless your commissioner says we're going to certify all the --

MR. WASHINGTON: Well, in the early days of the process there were a number of states that were required by way of lawsuits and the settlement of lawsuits, and/or required by way of their legislature to be involved in the process. But as far as the Association is concerned and the Commission is concerned, it is a voluntary process.

MR. BRIGHT: I meant this question, which is how transparent is that process? And secondly, what if somebody is certified -- an institution is certified, what sort of audits are conducted after that to see that they maintain the certification? And thirdly, if someone's accreditation is revoked, how is that accomplished?

MR. WASHINGTON: Let's get the terminology
The American Correctional Association accredits its correctional facilities. We are accrediting those facilities. So the way an audit takes place is that once an agency signs a contract or a program signs a contract with us, a staff person is assigned from our staff to be the liaison for that agency to help walk them through this process.

We have a contract with the agency that is asking for accreditation. The American Correctional Association and the Commission enter into a contract with that agency. Those agencies are usually governmental agencies. So the process is transparent in that instance, where if you have a question or if the outside public wants to talk about what's going on at that facility or have a copy of the report which is a result of the audit, it's available through that government, through that government entity, through the Department of Corrections, but not through the American Correctional Association.

The other question that you ask, follow-up audits. If a facility is accredited by the Association, the accreditation is good for three years. During that three-year period, time period, we have the ability to go back to that facility and monitor if we feel that that is necessary. If there
are significant events that take place at that facility, or if we get information from outside sources or newspaper articles, we'll inquire as to what's going on at that facility.

Also, every facility or program that is accredited is also required to give us an annual report. And in that annual report they talk about any significant changes at the facility. They talk about if there's been a change in management of the facility, and as I said before, any significant events. So we have the opportunity to continue to have dialogue with those programs during the three-year period.

If a facility is revoked at this point, an agency has to sit out for one year. We go back to work with them to figure out what those problems might be and bring them back in for an audit and a review by the Commission in order to restore them to the accreditation process.

MR. BRIGHT: Is that public knowledge? I mean, if you -- for example, the Fulton County Jail in Atlanta, by some miracle, got accredited. If it were -- if its accreditation were taken away, would that be public knowledge or would that not be?

MR. WASHINGTON: We do not do a press
release saying we've revoked the accreditation process
of any facility or any program.

MR. BRIGHT: Why not?

MR. WASHINGTON: What was mentioned by
Ms. Turner was this process is collaborative. It was
also mentioned by Mr. Hamden. It's a collaborative
process.

The American Correctional Association's job
here is to improve corrections, and we feel that we
can do that by working with correctional facilities to
help improve their programs. And in our view we
prove and help to improve those programs by working
with them. There are enough individuals out there who
will continue to lobby against them, who will notify
the public of problems, who will also take issue with
things that happen at the facility.

I've worked for the American Correctional
Association for twenty years, and in those twenty
years I've done all I possibly could, either working
in the standards department or working in the
executive office now, to help correctional facilities
and programs in this country. And I feel that my
association has done the exact same thing.

MR. BRIGHT: Well, it's sort of like the
bar association disbarring a lawyer and not telling
1 anybody when it happens.
2 MR. DUDLEY: I mean, what you're describing
3 seems to me an enormously important function in
4 supporting the member organizations and helping them
5 to improve their performance by meeting these agreed
6 upon standards. I guess what I'm curious about is if
7 at some point there was a requirement that
8 correctional facilities be certified or accredited in
9 order to exist in the same way that hospitals must be
10 or whatever, would you see this -- and particularly in
11 light of some of the other comments, would you see
12 this, the process that you're doing, as appropriately
13 assuming that function, or would that undermine your
14 work in the sense of actually trying to help member
15 organizations improve their function, and there should
16 be some other organizations that would do that type of
17 accreditation? You know what I'm saying?
18 MR. WASHINGTON: Let's examine the process
19 that you speak of. The national -- the Joint
20 Commission on Hospital Accreditation is probably one
21 of the most powerful accrediting groups in this
22 country. They hold the power of either continuing the
23 operation or closing down hospitals in this country.
24 That is not a power that I look forward to our
25 commission having. We are a helping body. That's
MR. DUDLEY: I recognize that.

MR. WASHINGTON: That's what we are known for. That's what we would continue to be. But the Joint Commission on Hospital Accreditation has something else. There's Medicaid funding and other governmental funding tied to those hospitals achieving their accreditation and keeping it, and there's a huge lobbying effort by the Joint Commission on Hospital Accreditation in order to maintain that particular spot and pulling that kind of money in for helping correctional -- helping hospitals remain accredited.

There's not that kind of money set aside by the federal government to help state facilities or local facilities improve. There was at one time when we had the crime bill. There was money put out there, but that money was only put out to build facilities, not to help keep those facilities operating after you built those facilities.

So one of the things you look at is states' rights in this. Are you going to have something mandated from the federal government and mandated with no money, or are you going to have something mandated from the federal government that comes with appropriate funds in order for you as a correctional
MR. DUDLEY: So you're saying that if such were the case, all they could do is simply close a correctional facility, and what would be the purpose of that?

MR. WASHINGTON: Well, exactly right. What would happen in that instance, you have got to deal with the employees that are there. You have got to deal with the offenders who are there. Our purpose in this entire field in dealing with corrections and dealing with accreditation is to help improve conditions. Where we find problems we want to give the administrator solutions to those problems and help them better their facility.

If they can't remain in the process, then we ought to walk them through how they can come back, and provide the assistance to get there because our ultimate goal is to provide safer facilities, safer for the community, safer for the staff, and safer for the offenders who are in the facilities.

MR. DUDLEY: I'm clear about that. I guess I was trying to get a sense as to in light of some of these other comments, were you feeling that -- and I think what you're describing seems to be enormously important. I guess what I was trying to understand is
whether or not you felt there was any role for a
different type of process that was controlling in a
different sort of way.

MR. WASHINGTON: Well, I think that you
still --

MR. DUDLEY: I'm not sure there is.

MR. WASHINGTON: I think you still run into
the problem of a process if it is mandated. It has to
be mandated by someone and you're looking -- you're
dealing with state facilities and/or private
facilities, but state facilities in particular that
are operated by the states and looking at state
sovereignty. Right now the state department of
corrections is not being mandated to do anything that
is not funded by the federal government, and that's a
clear separation that remains.

MR. SCHWARZ: I wonder if the discussion
that's been going on could be helped if it was made
somewhat more concrete, and for the two of you who are
at the Commission, you said, Ms. Ridley-Turner, when
you were in Indiana there was an example of an audit,
or audits. And you said something like the audit and
what it pointed out was helpful to you. And so I
think it would be helpful if you said what that was.

And Mr. Washington, maybe you could also be
more concrete by giving examples of where you believe the practice shows that the cooperative, helpful effort that you describe has, in fact, made a significant difference in trying to be concrete on it.

MS. RIDLEY-TURNER: I might address one example this brings to mind that I was addressing with them was tool control. Tool control is a mandatory standard. If you're in a maximum security facility, you want to know at all times where all your instruments -- tools are, because tools can become weapons.

This was in our maximum facility. They thought they had a great tool control system in line. It was there. It was by policy. They were following it to the letter, they thought. When we were getting ready for accreditation at that facility, they went through, they looked at the standard. And I had an accreditation manager appointed at central office whose function it was to go around, among other things, and help the facilities come on-line to become accredited.

When they went and did the mock audit, they found that there were tools in places that tools shouldn't have been. The superintendent was asked about this. And we developed immediately at that
facility a different tool control process. The tool control was something that needed to be for the operation of the facility.

What pointed it out was the audit and getting ready to come to accreditation to meet the standard. They found that there was a big gap in security. There was a breach there that needed to be fixed, and went about doing that. That came about because they were attempting to go through the accreditation process.

But that's just an example that sprang to mind. Those are some of the things that get pointed out when you go through the auditing process.

MR. WASHINGTON: In every standards manual that we have, we have a standard that requires that there be fire inspections at the facility, and those inspections are to take place annually. And those inspections are to be completed by an individual who does not have control over the facility or work directly for anyone in that facility.

Throughout those manuals, both adult and juvenile, it has sort of opened correctional facilities up to other agencies to come in and give them a helping hand in improving fire protection at the facility. That's a positive. When in the past it
might have been more difficult to have the fire
marshal of a particular jurisdiction to have the time
to come into a correctional facility.

So I think that a prime example is that we
feel that those facilities are more safer, even
facilities who aren't in the accreditation process,
but who do have these standards manuals. You can
usually suggest that they're probably doing fire
inspections on an annual -- on an annual basis.

A question I would put forth, there are at
least two of your commissioners who throughout their
correctional career have latched on to this process
and feel that it was appropriate for them to use
throughout their processes, as working from one state
or one facility to another.

I think that's an example that individuals
have latched on to, and we feel they're good
management tools to not only manage and help manage
inmates, but also in dealing with staff. Because
throughout this process we feel that it's transparent
enough that inmates know what's required, staff know
what's required, and the administrators are also held
to a standard because they know what's required.

MR. SCHWARZ: Could you give an example, is
it -- like fire inspections, but actually affects how
the relationship between correction officers and
prisoners works, and how you -- specifically how your
audits have made something happen? I'm trying to help
you bring out a more concrete description of what's
happened.

But I think to make the record, you ought
to help us and tell us about some specific things that
you think have been done that help on cutting down on
excessive force like we discussed in the panel before
you, or relating to other matters that are important
in the life the prisoners live and the life that
correctional officers live within the institution.

MR. WASHINGTON: Sir, I would think that
every standard that we have in the manual is important
in the life of the offenders.

MR. SCHWARZ: Give some examples of where
you think -- and because you're -- you've got them,
you've been there twenty years, of where you think
there have been some specific improvements in
particular states in how they handle the problems that
exist.

MR. WASHINGTON: I can't give you specific
examples on what's happened.

MR. SCHWARZ: You don't have to tell me
about a state, but do it just sort of as a generic.
MR. WASHINGTON: I can't give you specific examples of states, but let's talk about a number of the standards. There's a standard that requires the square footage standard, for example. The old standard that we talked about talked about seventy square feet of space in a cell. After research, we took a look at that particular standard, and it was better to take a look at that standard asking for 35 square feet of unencumbered space. Space, that is, that you would need to be able to exist to move around in a cell or in a housing unit, and we felt that that was very important.

The standard that deals with the shower ratios. The standard specifically talks about the shower ratios for individuals in a housing unit. That has gone a long way to provide assistance for individuals to be able to use the showers, which is very basic.

We have the standard that talks about meal preparation. Very important, the standard that talks about meals in the facility. That at least two of those meals have to be hot meals, and that between the first and the last meal they can't be more than fourteen hours. Very, very important to provide individuals with the appropriate nutrition and to
provide them with the appropriate meals they need to be able to exist.

MR. HAMDEN: I have some concrete -- each of the standards that Mr. Washington recited to you has been the basis for some action in a panel hearing in front of a facility or sometimes, in some cases, in front of the systems. They're system-wide policies that are not in compliance with the standard that can be addressed on a system-wide basis in the context of a single accreditation hearing.

And I can remember a couple of cases. One specifically where prisoners in punitive segregation were being deprived of exercise completely, had no opportunity to exercise at all. And the facility appeared and requested a waiver from compliance with the standard on the basis that this was designed to be punitive, and the deprivation of exercise reinforced the message that you're not going to behave as you behave. That doesn't comply with standards. It is not a subject fit for a waiver and excuse not to comply with the standard.

And we discussed, with the facility, the legal implications of failing to provide adequate exercise for prisoners, including those in segregated status. They changed the policy.
Another facility that I can remember was
feeding an incredible number of people. I'm not going
to get this exactly right, but they had something like
three shifts, and they were feeding and allowing
something like ten to twelve minutes for each group to
eat. Well, I mean, that doesn't comply with
standards, if it's even physically possible.
And by discussing that and having the
benefit of input from their peers who have dealt with
crowding issues and these types of challenges, get
ideas for how to address the problem, and if that kind
of help can solve the problem, then that facilitates
the process. So those are two examples that I can
think of offhand.

MS. SCHLANGER: You all have a great deal
more experience with this than I do, but I've been
working or in and around prisons and issues to do with
prisons for about ten years now. For ten years I've
been hearing the same complaints from some folks about
accreditation. And I don't know the truth of these
complaints, but I would really like to hear you all
address them because I've never heard them addressed.
Those complaints about accreditation are
that it's not tough enough, that the standards are too
low. That's one set of complaints. I think you have
actually talked about some of that. But the bigger complaint you hear about accreditation is that it's about paper compliance, that it's not true, that it's all about whether or not the folks at the facility can talk a good game and have the right policy in place, but not about whether they've complied with that policy.

So particularly when you hear this complaint it's about the use of force policy. I'm getting back to Mr. Schwarz. So the idea is, yeah, there's a use of force policy, but you know what, they violate it. And ACA accreditation is not geared at understanding that kind of noncompliance. It misses real problems.

Again, I'm not -- I'm not putting this forth as true. I'm just telling you what I've been hearing for ten years. So that the argument is it misses real problems. And how do we know it misses real problems? Well, because every year there are accredited facilities that face really serious lawsuits or where people die in force situations or whatever. And so we know that it's not right.

And I do remember one in my old hometown, where the ACA came back to a facility months after it had been accredited and revisited it. And I'm going
to get this terminology wrong, but lifted the accreditation until it solved things when some problems came to light after the site visit. So that's the problem you hear about accreditation.

And there's one more problem you hear about accreditation -- I think Mr. Dawe spoke to it also, and that is that it's so opaque that if you're a community member who has, you know, democratic reasons to want to know what goes on in a governmental facility in your hometown, that you can't find it out. And that accreditation is so opaque that it -- all you can find out is we're accredited. But you can't find out sort of the inner workings of that in a way to know how serious to take that.

So again, I mean, I've just -- I don't want to sound like I'm attacking you because I'm really not. I don't have a view on this, but I've been hearing people say this stuff for a long time. And as I say, I've never heard anyone answer it. So I'd really like to hear since we have three people who work on accreditation a lot and who are very good faith and, you know, who are trying to do all the right things, I'd like to know how you respond to that set of critiques.

MR. DAWE: Yes, if I may. As a line
officer, I went through several accreditations. And I can tell you one of the biggest problems we had with that was we knew well in advance who was coming, when they were coming, and you could always tell the day the accreditation team would be there because there would be more staff. You'd be tripping all over them. And the day after the accreditation team left, the staff would then be gone.

So it became a situation where it was very easy to step up to the plate and meet the minimal standards, knowing that full well within 48 hours you were going back to the way business was done as usual. And also knowing that you would not see an accreditation team for three more years.

The paper audit at the end of every year after the first year is simply a matter of the Department of Corrections signing off saying, yeah, we're doing the same things you told us to do a year ago, and there's no checks and balances on that. That leads to one of the biggest problems in accreditation, and that is familiarization between the ACA accrediting team and the institution they're accrediting.

Yes, I can understand Mr. Washington and the ACA's feeling that they should work in concert
with the administration for progressive change, and that's understandable and applaudable in many cases. However, there is a failure to address the real issues. The staffing issues, the inmate violence, the recidivism rates, the issues that we deal with on the line every day.

Sure, it's nice to have a policy that says you must have protective vests. But if the department goes out and buys ballistic vests that protect you in the chance of a gunshot, and doesn't provide stab-proof vests, which is really what we're in danger of having happen to us, then that's a fallacy that that policy in any way is helping the department of corrections or the men and women who work there.

The final thing I'd like to say on this is the economic link. As long as you are paying to be accredited, that accreditation is going to be flawed and lacks credibility in my mind. I think there should be governmental oversight. I think accreditation should be done by a governmental agency not linked with the facilities, especially not economically with the facilities they're accrediting. It causes a tremendous conflict of interest.

The ACA, being a nonprofit association, I understand that, but there's a lot of money involved
here. And there's a lot of money that changes hands for one accreditation. 12,000, 15,000 dollars an accreditation. Remember, this is a voluntary process. What superintendent in his right mind is going to spend 15,000 dollars to have the public know they failed.

That leads to the next problem, which is visibility, which is transparency. I do not buy, and do not believe, that anybody should stand behind accreditation process and say we can't disclose that. It's up to the department of corrections to disclose that. I don't buy that. I think all us as citizens of this country, and the officers that work there and inmates that are incarcerated there need a better deal than that. We need to expose this to the light of day as we do so many other problems in corrections. And hiding behind that veil of secrecy does no one any good.

MR. BRIGHT: Mr. Washington.

MR. WASHINGTON: I'm troubled, and I need to tell you why I'm troubled. I've sat through these commission hearings for a day and a half, and there has been no other panel that has sat here and where individuals on that panel have been attacked. And I don't feel comfortable with that. Or the process that
those individuals are talking about has been attacked.

And I don't feel comfortable with that. I feel that this panel has been stacked against accreditation, against the association.

You can take a look at Mr. Dawe and his comments concerning this whole process. I will not respond to the accusations that he's made. I've clearly stated how transparent we believe this process is, and how we are in this process to help. You talk about whether or not agencies or individuals out in the public have the ability to be involved in this process. They do. There's a notice put in public areas that tell individuals that a hearing is about to take place, and they have the opportunity to either call our agency or send us letters or contact the facility and ask for an interview with the audit team.

Let's talk about the audit team. Over 650 correctional individuals who we feel are appropriate to do the job they're doing, and they do it on a daily basis for not very much compensation. They do it because they believe in this process, and they believe it's something that needs to go forward.

The amount of money that an agency spends on accreditation, between seven and 10,000 dollars, yes, we think it's very important that they spend that
money. We also understand that there is no other
organization out that accredits correctional
facilities that has government backing.

You talk about whether or not an agency or
a facility fails the accreditation process, what
happens after that. There are hospitals every day
that fail the Joint Commission on Hospital
Accreditation, and you still go to those hospitals.
They have operations. They have people who die in
those facilities.

There are universities across this country,
like this, that are accredited by organizations that
will credit educational facilities. But we know that
they graduate people who are illiterate and who can't
practice law or who can't do other things, but we
continue to send our children to those colleges.

You're holding corrections to a higher
standard than you're holding any other profession in
this country, and I take offense to that. I think
this process is transparent. Individuals who want to
participate in this process have the ability to do
that. And I think as corrections professionals and as
the oldest correction association in this country, I
feel we stand strong on what we've done in
accreditation and what we've done for the profession
of corrections, and will continue to do so.

MR. BRIGHT: Anybody else? Yes, sir, Mr. Hamden.

MR. HAMDEN: Yes. With respect to Mr. Washington, who obviously feels very deeply about this process, and rightfully so, in my opinion a lot has been accomplished. A lot of good work goes on. On the other hand, I think Mr. Dawe makes good points and Commissioner Schlanger certainly addressed some criticisms that I've heard. And I'll take a shot at answering them.

The standards are not tough enough in some respects. I agree there are standards that do not come to the level I think we could accomplish, but I'm a member of the Standards Committee, and one of twenty or so members, all of whom are correctional professionals with great experience and expertise. And I would not represent to you that I know better than they do.

These things are discussed and debated, and sometimes hotly debated. A vote is taken, and then we have a standard or then we have a revised standard. That's the process by which this happens. It's a good process. It's an open process, and it invites input from the public and from people who have criticism.
And I think I speak for the commission, not formally but on a personal level, that we are concerned about the integrity of the process and welcome help to improve the process. So that's the standards question.

Paper compliance, there is a lot of paperwork involved. But before a facility has an audit team on the premises they work a year to eighteen months to prepare for the audit, and that's not simply paperwork. That's changing procedures and educating people and getting people involved. Then an audit team, usually comprised of three people who have expertise in some aspect of correctional operations, come into the facility. And usually those are collegiate visits. Sometimes they become heated and hostile. But the object is always to improve the operation of the facility.

After the audit, the facility has an opportunity to respond in writing to the findings of the auditor, and then the facility sends representatives to the panel hearing to advocate its position to argue about whether they were in compliance or whether they should be allowed a waiver not having to comply. And due process is built into that. Again, I am really proud to be part of that. I
think it's a wonderful thing, very supportive.

I also agree there are ways in which it can be improved. And the commission is involved in continuously improving its operation, and open to criticism and happy to have any help we can get.

Not adequately transparent, I think there are respects in which that's true. I don't believe that we advertise or announce that facilities have been accredited. I don't think we do that. And I know that we don't advertise that accreditation has been revoked. We do ask for input from people in the institutions, staff, offenders.

I'm not sure that that -- the word that there's an accreditation pending reaches the general community, and I think it would be if it did. I also think that advocacy groups interested in the operation of the prison should be aware of the process and should know that the commission welcomes input of all kinds, and particularly well-founded criticism.

I mean, we want to know how the facility operates. We would like to identify and to address the problems. There is an economic link, and that is the way that the process is financed at present. There is an inherent conflict in that, and it is uppermost in the minds of commissioners, and I'm
pretty sure uppermost in the minds of agency representatives. I believe we do a reasonably good job of putting that consideration aside. For example, the commissioners have no specific knowledge of the terms of the contract or the amount that is being paid or any concern about that aspect of it. It is basically a review of the material we have in front of us, the report from the representative of the agency, and a determination by the panel as to whether the facility's in compliance.

So in summary, I would say it's a great process. I'm proud to be part of it. There are lots of ways that it can be improved. We're working on some. We'd like to have ideas about how that can be further improved and welcome input from anybody who's interested.

MS. RIDLEY-TURNER: I might add from my own perspective, again, I think that your comment about the paper compliance, I think it would be hard-pressed for me to tell my superintendents when they were going through this that this is just a paper compliance. Because as I indicated to you, they got their life blood into it. And they knew that this is how we were going to be monitoring them for time to come.
And maybe that's just the management of the particular state agency or the facility taking it in too and believing that this is a process that works and not making it a paper process. I don't know. But I see more than just pushing papers and becoming compliant. Correctional agencies, we have policy, we have procedure. I mean, that's how we run.

This is just the manner of saying there's secondary compliance to see that you're doing it, you're not just saying you're doing it. It's a way to look back for the manager of the facility as well as for the auditors when they come.

And one thing that I don't think Jeff mentioned, but one of the standards required, I believe, that we have a citizen's advisory committee.

So it is quite open that some of the facilities had to go out and invite the community into the facility in order to meet that standard. So facilities that had not had advisory committees operating before, I had facilities going out and inviting citizens to come in and to become part of the advisory committee.

And these committees began to function in a way they would come in at least quarterly, and they would find out what was going in the facility. And that was opening up what normally had not been an open
facility to the public to come in and see. So I think that's some transparency that comes about because of ACA. That we do have to do this if we want to be accredited, not just that's the right thing to do, but that's another thing that happens.

MR. BRIGHT: Mr. Maynard.

MR. MAYNARD: I have, of course, been a member of the Commission on Accreditation and the Standards Committee, and I've been an auditor for many years. I have been warden where institutions were audited and accredited, and so as director went through several. I don't think I ever -- there was never one audit that I went through, or my institutions went through, that I thought we had anything made. It was always really a question down to the last. But I didn't feel any of the -- you know, that since we paid, all of a sudden we're going to be passed.

I think -- so my perspective on the accreditation has always been from the other side, saying here is a group of standards that we imposed on ourself. Nobody else is doing it, and we think we want to raise our own standards. So I'm kind of like Jeff. When it's criticized I think, well, we're being criticized for doing something on our own that tries
to improve our profession.

I guess the question depends where you stand, depends on where you sit. I'm sitting over here now. I'm feeling the people say help us figure out what is -- what should we recommend in terms of accreditation. I think, you know, the idea that this system is not the best, that may be true. But what is better, and who has done anything to do anything better, and who's going to fund it?

I know -- I know there are institutions out there that I wished everybody had to go through some accreditation process because I think it really improves the operations. But I don't know how we, or how anybody, can say that the system is mandatory, that it is required. We can't do that, but it seems like to me that it would be better if we did have a system that was -- had some more force to it to cause more people to be involved.

I think as was mentioned, you know, there are institutions where -- accredited institutions where people die. There are accredited hospitals where people die. It doesn't guarantee anything. But I think over time, I think that evidence will show that -- and having run accredited institutions, I think they're run better than institutions that are
not accredited.
I just think it's a management. It's simply good management standards that deal with administration segregation, how long people can be on administrative segregation, how often they have to be reviewed. There's lots and lots of standards that deal with better management within the organization. But still again, over here, the question is what would the system look like that would be better than what we've got? How would it be funded, and what would it look like?

MR. DAWE: Is that directed at me, sir?
First of all, let me make it perfectly clear, if I haven't done so already, that we are very much in favor of an accreditation process. We think that that is critical to progressive change within a correctional environment. Our problem is not with the ideology behind accreditation, nor the ideology behind the ACA. Our problem is with the methodology and how the end result is evaluated and how change is asked for. We've had several meetings with the ACA. Mr. Washington may not be aware of that. I've written to them on numerous occasions, Ron Angelo from Virginia, who come down to our conferences and spoke
with us on the ACA.

So we have tried to be involved with the ACA at those levels. We seem to get brushed aside quite often because our concerns are not within the realm of what the ACA is trying to do. We want to be the tougher. I think one of the problems we have in corrections is we're not tough enough. I find it odd that I'm the only one up here on this side of the table questioning the ACA, yet Mr. Washington feels attacked.

I'm a correctional officer. I think we took a pretty bad beating up here the last couple of sessions. So I feel too we have been under attack.

What we're looking to do, we're looking to make changes so that we can better evaluate these systems. One of the things we're very concerned with is staffing ratios. There's very little on staffing ratios or anything mandatory.

Additionally, how can we make this system better? I think we have to try and take the money out in some manner. Now, we can't mandate certain things from the federal level, but we may be able to mandate from the state level that there is some type of outside accreditation process or some way to take the link between the ACA or whoever the accreditation body
is, and with fiscal -- their fiscal stability in a
pass/fail from their institutions, there has to be a
way to make those changes.

I'm not proposing that I know what that --
what that way is, but I am proposing that we need to
do everything we can find -- to find a way to do those
things. We can't -- we can't settle for status quo.
It's not working. The glass is less than half full,
and we need to look for ways to better that.

One of the ways we can better that is by
looking at a process of accreditation. Not saying the
ACA accreditation doesn't mean anything. It means a
lot in certain instances. I've got no problem with
that. I think in certain instances they should be
applauded for the job they do and the willingness to
do it, but it does not go far enough. The
relationships are too cozy in our opinion. We know
when it's coming. I don't know how you can have an
accreditation process when you know it's coming before
it gets there. There's no checks -- unannounced
checks when handling things like that happen.

Those things can be changed relatively
easily without a monetary problem. And I think those
things should be changed. I think, yes, everybody
needs to know the standards by which they will be
accredited, but they don't need to know the date the
accreditors are coming. They don't to -- they don't
need to be told a lot of the prerequisite things that
are happening now.

They need to have them walk in the door and
find out the staffing they saw when they walked in the
door when they knew it was coming is a hell of a lot
different than the everyday staffing. And those are
things that are obvious to us that work on the line.
I worked the line for sixteen years. I saw many of
these instances.

So let me just finish by saying that
ideologically we are on the same page. We need to a
accredit our facilities. We need them to be
transparent. We need them to be open to public
exposure. We can do a lot more than we're doing in
the current system to bring that to fruition and to
make it better for us all.

We all have the same objective here. We
want first and foremost in corrections is public
safety. That's our number one goal. The second from
an officer's standpoint is the safety of the staff
that we work with. Third is the safety of the
officers, my brother and sister officers. The fourth
is the safety of the inmates. Those are the four
categories by which we have to -- should be judged.

In order for us to judge those categories, we need to take a strong, unrelenting look at how to make these changes possible. Let's not make it easier. Let's make it harder.

MR. BRIGHT: Mr. Washington, go ahead. I'm sorry.

MR. WASHINGTON: Twenty-five years ago -- or I think it was in 1974 when this process began, it began because the courts felt that judges didn't want to operate correctional facilities. And they basically told the corrections professionals you've got to, number one, develop some standards or we're going to run these facilities for you. And now that you've developed those standards, you need to develop a process by which you can measure whether or not you're doing what you say you are doing.

And since 1974 those standards have gotten increasingly tougher in areas that they need to get tougher in. This whole process, one forgets, is minimal standards. It does not stop a facility from going beyond those standards. When you're looking at dealing with correctional facilities across the country, you find a level at which you can operate and you can bring facilities up to that level. And you do
understand that there are facilities and programs that
will go beyond that level, and you applaud them and
you do all you can to help them.

There are 3300 jails in this country. And
most of those jails are small jails, mom-and-pop
operations that we talk about. And today those jails
feel that they, in some instances, can't get into this
process. I disagree. They can. But we've had to
make the process more friendly to be able to deal with
them and deal with the predicaments that they have in
operating small facilities, in small communities, with
small resources, or with less resources.

The philosophy that we have set in place as
it relates to this process is I look at this glass as
being more than half full. I know that these
facilities are better than they were. They can and
could and should be better. We will work with them to
get to that point, but that's where we have a
philosophy difference. We're willing to work.

In some instances, if you take a look at
litigators who deal with correctional litigation and
take a look at the commission and what we do in
accreditation, we're about doing things. The same
things. You want a result because of what you feel
has happened in a facility, and you do it by way of
litigation. The American Correctional Association and
Commission has chosen to do it with accreditation,
holding agencies to a standard.

    Be it a minimal standard, but a standard
that takes into consideration life and health and
safety issues and makes those standards mandatory, and
deals with the other standards as being non-mandatory
standards. But an agency buys into compliance with
every standard that's applicable to their facilities.

    As long as we continue to work in the
process, of course we're going to try to improve it.
Of course, at every one of our Standards Committee
Meetings we have testimony from the outside. We work
very closely with outside groups to deal with changes
in the standards.

    One that comes to mind very specifically is
the standard that deals with telephones and telephone
communications. That standard was pushed through by a
group called CURE, Citizens United for Rehabilitation
of Errants. That standard was put together and forced
through and explained to the Standards Committee that
this was wrong. That it was wrong to charge
exorbitant fees to individuals who call folks from
correctional facilities. And the Standards Committee
listened, and the Standards Committee made that
With the PREA Commission and the inferences on sexual abuse within correctional facilities, the Standards Committee stepped to the plate and developed standards that deal with sexual abuse. So I say we're responsive. We could do better. We want to do better. Because the professionals who are on the Standards Committee and those people who are on the Commission, I know we will do better.

I think it's the best process that we have now. I think it has worked. I'd like to see it improved. It will be improved, but I think it's the best thing we have going, and the association will put its backing behind it.

But my first and most important job is to make this process and this profession as professional as I possibly can. All the other things will fall off into that. We'll have safe facilities, safer staff, safe for the offenders, safe for the public. I think that we do that, and we'll continue to do that.

MR. HAMDEN: Just one concluding thought. The question as to whether the commission can propagate some requirement that all correctional facilities follow some accreditation process. I think it's clear not. But I don't know that there's any
reason that Congress couldn't do so in connection with
the power they have over the purse. I think virtually
all correctional facilities receive federal funding in
some kind. So if that were the commission's
recommendation, then there probably is a way that it
can happen.

MR. BRIGHT: All right. Mr. Krone and the
General.

MR. KRONE: Well, here the question was the
answer I was looking for. We were hearing all about
the flaws, we were hearing about I can't do this, I
can't do that. I want to know why we can't get it
mandatory. What good is having all the great work
you're doing, all the importance it is if we can't
make it even across the board something that sounds
like you're saying it can't be done, it can't be done.
I want to know how we as a commission can overcome
that obstacle.

If I open up a restaurant and they tell me
I don't have to wash my hands, I know I'm going to
wash my hands because I'm pretty sure the rest of the
public might not want to eat at some of those places
that don't have to. If you've got these good rules in
place and the important things you're trying to
improve constantly -- I mean, I don't like the idea of
thinking after a hundred years you still haven't figured out a way to get this implemented nationwide, get this into use because they really do need it. Maybe if that would have been done twenty, thirty, fifty years ago we wouldn't have to have this commission now. But my question is going to be what obstacles -- how do we as a commission overcome this candor of it's not being done obstacle and say how do we get this implemented across the board some way? If not mandatory, statutory, but at least, you know, give the people in corrections the encouragement, the reason, the motivation to say, well, I'm going to do it voluntarily, and all of them, the peer pressure alone would make them want to do it.

MR. SCHWARZ: I think with the power you have on this commission then you should make a recommendation, and whatever that recommendation will be, we'll see how and whether or not the public follows.

MR. DAWE: If I may, Mr. Krone, if you look on what I presented in my written testimony, I set out some standards that we've talked about at Corrections USA. The first one is the standards by which a facility would be evaluated must be known in advance. That's done -- can be done and that's not a problem.
Number two, the accreditation should be conducted with correctional professionals. We're there. Most of that is being done now.

Number three, there should be no advance notification as to when the accreditation will occur. We can certainly do that. It's not being done. There's no physical problem with that.

Number four, the accreditation team should have no familiarity with the administration facilities. We can do that. That's not a problem. That can be done.

Number five, there can be no financial link. There's a problem. Now, that's something we may have to look at from a mandatory standpoint, some type of federal funding to set that up.

Number six, evaluations are based on practical applications. My example is of the ballistics vest versus a stab-proof vest. We can do that too.

Number seven, the results of the accreditation process should be available to everybody, to the public. The public pays for our prisons. They're going to pay for the inmates when they come out. They pay for them when they're in there. There needs to be full accountability and full
disclosure. Again, of course with the caveat that you can't disclose anything that would disrupt the safety and security of the institution or violate state statute.

Follow-up monitoring should be done with on-site visits. We can do that. That doesn't seem to be a problem. Recommendations to address concerns raised by the accreditation team should be a part of the evaluation and include steps to meet the established standards, and that's already being done.

And number ten, accreditation should be as transparent as possible. Virtually everything we're standing for can be done readily today. It does not need to wait for later on to fill the glass. We can do that now, and that's what I propose we do. We want tougher standards. We want it safer for everybody beyond those walls, and we're going to strive to make sure that we do that.

MR. KRONE: And we're going to take up a collection after this and maybe we can get that funding. Everybody drop a dollar in the door when you go out.

MR. BRIGHT: General.

MR. RIPPE: I just want to follow on to what Director Maynard and president-elect Maynard
said, Mr. Hamden, and a little bit of what Ray said.
I think this is a mountaintop kind of a question.
Here's what I'm trying to come to grips with.
I spent most of my life in the United States military. Even, you know, in National Guard units there's mandatory uniform standards that everyone trains to. I think that we'd all expect that. I mean, if I was here to say that we're going to lift all the standards and make it voluntary for military units, I think everyone would be horrified.
So what I'm trying to come to grips with and the commissioners and the many, many discussions we've had is, you know, what should we recommend? Should there be some set of mandatory standards that raise the common denominator, and if so how should we check to make sure that we've in fact done that?
That's really what we're trying to come to grips with today.
I would like to personally be on the record thanking and commendating ACA for all they've done to try to make our prison and jails better. So that's -- if you can help me help us out there, that -- I mean, that's a big mountaintop question, but we're going to be asked that. Should there be standards? And if there are, how should they be checked and enforced?
MR. WASHINGTON: Well, there are standards.

MR. RIPPE: I know there are. I know there are. I know that, but what I mean by that is standards that everyone is required to comply with.

That's the question we're going to be asked to answer.

MS. RIDLEY-TURNER: I would just say as a former administrator of an agency, one who volunteered to comply with standards, I think it's a good thing to have and, you know, it would be ridiculous to say that I would not support mandatory standards if we had to do it, but I think that opens up another issue with -- and it's been relayed here -- the funding for it.

What if something comes up that the agency as much as they would like to comply, the money is not available because that, again, becomes -- if it's a federal mandate, one of those what we call unfunded mandates --

MR. RIPPE: There's no easy answer here.

MS. RIDLEY-TURNER: Well, you know, that's the reality, but I think that as a former correctional administrator of an agency, I had felt that the importance was there and did not have any problem with agreeing to have standards for that agency, and I would think that a lot of my colleagues around the board have embraced the process as well and would not
back away from standards. Whether they be mandated, that would be something that if it happened, I don't know that there would be a lot of disagreement, but I think you have to look at who's going to fund it, how is it going to get funded, and who's going to pay for the things that need to be done for that agency to have them make compliance basically.

MR. HAMDEN: I would say that there are national standards and they exist both in the form of ACA standards, but more importantly in the form of the Constitution and laws of the government and the decisions of our courts about the way that prisons must operate at some minimal level that provides humane treatment of prisoners, and I think that it serves the correctional profession well if those standards can be clearly articulated in the context of correctional operations, and I have no reservation in saying that I think that that would be a service to the correctional profession and our communities and the people who are in prison. So ...

MR. RIPPE: Thank you.

MR. BRIGHT: Mr. Ryan.

MR. RYAN: Yeah. Let me just throw out I have absolute bias in this. I'm a commissioner. I'm on the Standards Committee. I have an accredited
facility. I'm going to become accredited under health confinement and community corrections. That's my next goal. So with that as a bias sitting here, I think that standards are absolute.

I worked in California and now in Florida. California had minimum jail standards state regulations. We have Florida model jail standards state regulations. So the regulations are out there. I don't care whether it's mandatory, it's -- how much it costs, it's the way to do business. If you're a good businessman and you sit there and figure out what the best way to do business is, ACA has put out an outstanding model for that business. If you want to be good in your business, you at least had better do this, and so it's been outstanding.

So with that as my bias, getting -- the expectation from the commission is what to do with the information that you've provided on this. As a commission, going back to what Steve was saying, what should we do with your information? What is it that we really need to do with it? Do I as a commissioner ask in my final report to say everybody should be accredited at a certain level? The mandatory standards, maybe the -- only the mandatory standards should be the basis for every jail and prison in
America.

That's something the commission should set as a standard of expectation and set it up. If you have the other 400 standards, you ask everybody should try to get -- as we do -- ninety percent of those should be your goal, and a time achievement over the next five years or something. What do we do with your information? What should we as a group have on the final page of the report regarding standards and accreditation?

MR. WASHINGTON: Tim, I have a bias here also.

MR. RYAN: I notice.

MR. WASHINGTON: I would hope that your report would say that after looking throughout this profession that we see a process by which facilities can and do operate transparently and also operate constitutionally and are safe and secure. This process should be made available to all those individuals who operate correctional facilities or programs.

Now, that's not mandating it. That's telling folks what's out there. That's making it available and folks knowing that this process is there and talking a little bit about the process. And you
know, you can use anecdotal stories if you'd like
about facilities that have been involved in this
process and what has happened to them. Now, I'm not
telling you to make it mandatory, but I think that you
should in that report talk about this process and the
number of years it's been in existence, why it came to
be, and how it's helped the profession.

MR. RYAN: Thank you.

MR. BRIGHT: Mr. Schwarz.

MR. SCHWARZ: I think the mandatory
discussion that Commissioner Maynard started is really
the heart of the matter. If it were mandatory -- and
I have no bias coming in, but listening to the
conversation, it seems to me making accreditation
mandatory would be a good thing. If it were mandatory
some of the other process questions quite likely will
be looked at differently, and it seems to me two
process questions have been talked about.

One is pre -- whether the visits are
preannounced and whether they are off -- thereafter
occur again without being preannounced. If the
accreditation were mandatory, just one listener
believes that that would make the case in favor of not
preannouncing very, very strong.

Now, the other question that's been talked
about, confidentiality of results. Frankly, I think that can be argued on either side even if it's mandatory. I think the United States accepts that the International Red Cross can -- has a right to come in to all those things we're running which I guess they call prisons overseas, and the condition there is that the results are confidential.

I could imagine even in a mandatory system that a process would work better if the results were confidential, but I think that could be debated. What I'm sure about is if the -- if it were mandatory to have accreditation, one would have a different kind of discussion about the process issues that have been going back and forth. I mean, I don't know if that's a comment by a commissioner or a question, but if anyone wants to react to it, I would be interested.

MR. HAMDEN: I concur. I think you're exactly right.

MR. BRIGHT: Dr. Dudley.

MR. DUDLEY: Well, to show how up in the air we are about this, I don't really understand the announce, unannounced thing. Having been responsible for being on that side of the table, hospital accreditations as an accreditor and as an accredittee, I guess, a person being accredited, I think it depends
on the -- I'm more focused on your other argument in
the sense of, you know, kind of what are you actually
doing when you're doing the accreditation, and if the
accreditation process actually makes sense.

Then I don't think you can pretend to be
good one day because you know somebody is going to be
coming in. And if the accreditation process is
actually a real process, then that can be seen through
because it just otherwise falls apart. But that's
just my opinion. I have a different sort of question,
though.

What I was trying to get at before is to me
I see the importance of -- and I kept trying to say
that, of what's actually going on right now, and for a
person responsible for a system who is dedicated to
improving the quality of that system or that
particular institution, and has the legislative
support or whatever, sort of whoever is responsible
for the funding to actually help them then institute
whatever improvements need to be done, and then
therefore volunteer to go through this process with
the goal of upgrading the quality of the institution
and services, all of that makes perfect sense to me,
okay.

My question is is that if you mandate this
for somebody who doesn't necessarily want to do it, or
for somebody who's faced with executives or a
legislature or whatever who's not interested in
funding to improve the system -- in other words, they
don't have all those sorts of reasons and capabilities
to voluntarily upgrade -- I guess I'm trying to
understand -- and maybe I didn't ask the question well
before.

What would be the T in mandating it? I
mean, you know, my point was is that, you know, I
mean, for us we have the medical societies or whatever
that will do what you're doing. You know, we have a
parent-physician's program. We have all sorts of
things they'll help physicians get their act together
within the profession, right.

And then there's this whole other thing
that happens where, you know, our license can be
removed and we can't practice. You know, if we
don't -- if we fail these internal systems. And you
can't practice or the Joint Commission will close your
hospital, and I just can't envision that there's going
to be some mandatory process in which that we'll
decide if you blow this, we're just going to close the
jail and you just have to let these people go.

I mean, that's my question. You know,
what's the point of mandating it? What would be --
what would make anybody do anything if you mandate
this program? I'm just trying to understand what that
would be to make it meaningful.
I mean, you could mandate that everybody go
through what you go through now, right? And then you
can give them all the advice in the world on how to
improve their program. If they say we just don't want
to do that or the legislature says we're not going to
fund these institutions to do that, then what was the
point?

MR. BRIGHT: Mr. Dawe.

MR. DAWE: If the legislature refuses to
fund it, that's one issue. But if the institution
refuses to comply, you can remove the administrators.
You don't have to close the facility. If they can't
comply and if their managerial skills do not bring it
up to the point where they can comply with these
mandatory standards, they can be removed. It's clear
that that's a problem. You don't have to close the
facility obviously. But from a legislative
standpoint, that's a different question. There has to
be a lot of political pressure brought to bear on
that.

MR. WASHINGTON: Well, then the question is
who removes the official? Have you created a new body
that trumps the governor of a state or -- I'm trying
to follow you on this.

MR. DUDLEY: I'm trying to figure it out.

MR. BRIGHT: Mr. Hamden.

MR. HAMDEN: If passing the standards were
a precondition for federal assistance, that would be
pretty much the end of it, I think. If you had to
comply with the standards in order to be eligible for
federal funding, then you have participation.

MR. BRIGHT: Mr. Green will ask the final
question of this panel.

MR. GREEN: I was looking at the numbers
that were provided as part of our briefing materials
in terms of the number of institutions that either
have gone through accreditation or are in some stage
of accreditations. The numbers seem very low
percentage-wise.

I know it's been alluded to that these are
perhaps financial considerations that drive the
decision whether or not to ask for accreditation and
to start that process, but part of it, I guess I'm
just trying to gauge the attitude of the profession.
How much of this in terms of what seems to be low
numbers -- I think for prisons I think it was less --
it was around twenty percent and for jails it's much, much lower. What is driving the lack of participation voluntarily in this process?

MR. WASHINGTON: I think that part of it is not being educated that the process is attainable. I think that is -- that is a huge part of it. When you say financial considerations, it's not the fee that's paid to us. It may be the financial considerations that a facility has to deal with in order to be brought to compliance with the standards, and it may mean improvements within the facility.

It may mean additional staff to do one thing or the other. Not necessarily forced by the standards, but as a result of requirements within the standard. So those are the financial requirements that are sort of heaped upon agencies in some instances, and they can't make it.

And it may also be that we have to do a much better job of communicating the possibility of achieving this process out there to our corrections professionals. We may have a smaller number of facilities that are accredited, but I assure you that even in those facilities that aren't accredited, they have a copy of this book and are doing some sort of compliance with this -- with this standards manual.
If they don't have a copy of this book, they do have a copy of another book that we produce called Policy and Procedure Development Manual, a manual which guides them through the development of policies and procedures to help them operate their facilities. So there are a number of things that we have as an association that we provide to the profession that may bring them to this process, but it may not, but they are informed.

MR. BRIGHT: I want to thank on behalf of the whole commission everybody on the panel. I particularly want to thank Mr. Washington for the materials that you gave us. I think all of -- both the materials and your statements are immensely valuable. You can tell there was a great deal of interest on the part of the commission, and we're most grateful to you for being here with us. Thank you very much.